

# Medical Student Summer Research Program Application

Thank you for your interest in the Medical Student Summer Research Program.

MEDICAL STUDENT SUMMER RESEARCH PROGRAM  
GENERAL APPLICATION FORM  
TO BE COMPLETED BY STUDENT WITH INPUT FROM PRECEPTOR

This form constitutes a signed document upon submission. Only MCW students in good academic standing are eligible to apply. Only U.S. citizens or permanent residents are eligible to receive federal funding.

Student: [enrollment\_arm\_1][first\_name] [enrollment\_arm\_1][last\_name]  
Address: [enrollment\_arm\_1][address], [enrollment\_arm\_1][city], [enrollment\_arm\_1][state], [enrollment\_arm\_1][zip]  
Primary Preceptor: [enrollment\_arm\_1][preceptor\_first] [enrollment\_arm\_1][preceptor\_last],  
[enrollment\_arm\_1][credentials]  
Preceptor's Department: [enrollment\_arm\_1][prec\_dept\_div\_new]

## Additional Student Information

Undergraduate Institution \_\_\_\_\_  
(Full Name)

Degree Earned \_\_\_\_\_

Graduation Year \_\_\_\_\_

Major \_\_\_\_\_

Advanced Degree/Year Earned: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Do you have prior academic research experience?  Yes  No

How many months of research? 0 20 40  
[Scale with 40 tick marks]  
(Place a mark on the scale above)

What was your research focus? \_\_\_\_\_

Do you have prior professional research experience?  Yes  No

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How many years of research experience?  Less than one year  
 1 to 2 years  
 3 or more years

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What was your research focus?

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Please indicate whether you are or have been previously employed by MCW in some capacity (e.g. tutor, lab assistant, undergrad summer participant, etc.)  Yes  
 No

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### IRB/IACUC Approval Information

Federal regulations require that all research involving the use of any of the following: human subjects, animals, radioisotopes, toxic chemicals, pathogens, carcinogens, and recombinant DNA must undergo review and approval at the Medical College of Wisconsin. IRB approvals from MCW, Children's Hospital, Froedtert or VA all are acceptable for the purposes of this program. All approvals must be in place prior to the training start date. If the approval remains pending past the appointment start date, the student's training appointment and stipend may be delayed.

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This study is exempt from IRB/IACUC?  Yes  
 No

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Is the IRB/IACUC pending?  Yes  
 No

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Title of Study as shown on IRB/IACUC?

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(If applicable, type "Exempt" or "pending")

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Role of Preceptor on the study if not PI:

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IRB/IACUC Approval Number

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(If applicable, type "Exempt" or "pending")

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IRB/IACUC Approval Date

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### Proposed MSSRP Student Project

Title of Research Project

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Indicate the desired number of training weeks. Note: The actual weeks funded will correspond to the number of weeks of funding that are available through the various program resources. (NHBLI training grant requires an 11 week commitment.)  8 Weeks  
 10 Weeks  
 11 Weeks

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Does student have the potential for publication as 1st or 2nd author:  Yes  
 No

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Does student have the potential for presentation at a national meeting:

Yes  
 No

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Are department funds available to support the student's stipend (approx. \$450 per week), in the event he or she does not receive a grant award?

Yes  
 No

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Department Name:

\_\_\_\_\_

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**The NIH expects efforts to diversify the workforce, including peoples with disabilities, to lead to the recruitment and training of the most talented researchers from all groups.**

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Do you have a disability?

Yes  
 No

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Do you require special accommodations?

Yes  
 No

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What accommodations do you require?

\_\_\_\_\_

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### **MSSRP Application Documents**

Combine your documents in this order and upload here:

1. Personal Statement (1-page maximum):  
Explain why you are interested in pursuing a summer research fellowship and the role of this research experience in your career goals. Discuss how the summer research experience will complement past research experiences, if any.

2. Research Plan (Abstract 1-page (500 words) maximum):  
The abstract should be written by the student with the mentor providing detail and supervision.  
Download template below.

3. Role of the Student (1/2-page maximum)

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Download MSSRP Application Abstract Template:

[Attachment: "MSSRP Application Abstract Template\_Oct 2019.docx"]

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Student Statement of Agreement: By submitting this form electronically, I agree to accept the fellowship if awarded to me and to honor all commitments required in the Medical Student Summer Research Program. I will notify the Clinical & Translational Science Institute immediately, if I am unable to fulfill these commitments.

Faculty Preceptor Statement of Agreement: By submitting this form electronically, I agree to have the afore named student work in my laboratory during summer. I will inform the Clinical & Translational Science Institute of any changes to these plans.